



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Acknowledgement of Life Insurance Change/Cancellation

☐ Cancel my Dependent/Spouse Life Insurance Coverage ONLY.

Name (Please Print)

Signature

☐ Reduce my Life Insurance coverage to _____ as of _____.

☐ Cancel my Life Insurance coverage altogether, as of _____.

**By terminating your life insurance coverage with Fairfax County,
you will never be able to re-enroll with any carrier
as a Fairfax County retiree**

Please complete this form and return it to:
Fairfax County Retirement Administration Agency
10680 Main Street, Suite 280
Fairfax, VA 22030

Or you may fax it to: 703-273-3185

Name (Please Print)

Signature

Social Security Number

Date

Street Address

City

State

Zip

#A004_9-12/2005



Retirement Administration Agency
10680 Main Street * Suite 280 * Fairfax, VA 22030
Phone: 703-279-8200 * 1-800-333-1633 * Fax: 703-273-3185
<http://www.fairfaxcounty.gov/retbrd/>